

ARKANSAS INSURANCE DEPARTMENT | FUNERAL SERVICES DIVISION - BURIAL ASSOCIATIONS

SEMI-ANNUAL REPORT (S.A.R.): **BENEFITS PAID**

Period Ending:



Mark with "X"

Burial Association Name:	<input type="text"/>
Contract Funeral Home Name:	<input type="text"/>

"Old" Business:	<input type="text"/>
"New" Business: (Act 443 of 1987)	<input type="text"/>

AMOUNT TO BE REPORTED UNDER THE RECAP REPORT, SECTION 6. BENEFITS RECAP, [6d] ▶

AMOUNT PAID TOTAL: -

NO.	B.A. MEMBER NAME	AGE	DATE OF DEATH	B.A. CERTIFICATE NUMBER	CERTIFICATE DATE	PLACE OF DEATH (CITY/STATE)	CERTIFICATE FACE AMOUNT	AMOUNT PAID
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AMOUNT PAID TOTAL:

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NO.	B.A. MEMBER NAME	AGE	DATE OF DEATH	B.A. CERTIFICATE NUMBER	CERTIFICATE DATE	PLACE OF DEATH (CITY/STATE)	CERTIFICATE FACE AMOUNT	AMOUNT PAID
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NOTES:

The **BENEFITS PAID Exhibit** is required to report any payments that are issued by the B.A. This also includes any credits that are applied toward an itemized Statement of Funeral Goods and Services at the time of need. A benefit may be paid after it has been "rendered" during the period in which it was incurred or if it was a Benefit Owing from a prior reporting period (not more than two periods prior to the period in which it incurred).

IMPORTANT: A benefit should not be listed as being both **PAID and OWED** for the same B.A. member or individual with the same certificate number during the same reporting period. It should be reported as either a **BENEFIT PAID** or a **BENEFIT OWING** during a reporting period.

